



04-13-07

ATTORNEY DOCKET NO. 03224.0003U1
EXPRESS MAIL LABEL NO. EV 915329530 US
PATENT

AF/TKas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of)
)
 Gaydos, et al.) Art Unit: 2141
)
 Application No. 10/611,360) Examiner: Djenane M. Bayard
)
 Filing Date: June 30, 2003) Confirmation No. 2659
)
 For: METHOD, APPARATUS, AND SYSTEM FOR)
 ASYMMETRICALLY HANDLING CONTENT)
 REQUESTS AND CONTENT DELIVERY)

TRANSMITTAL LETTER

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

April 12, 2007

Sir:

Transmitted herewith is the following in the above-identified application:

<input checked="" type="checkbox"/> Appeal Brief	<input checked="" type="checkbox"/> Petition to Extend Time
<input checked="" type="checkbox"/> Fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> No Additional Fee Required	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Corrected Drawings	<input type="checkbox"/> Other _____

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims					X \$50.00		\$0.00
Independent Claims					X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input checked="" type="checkbox"/>		\$2,160.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							-\$1,080.00
TOTAL FEE DUE							\$1,080.00

ATTORNEY DOCKET NO. 03224.0003U1
APPLICATION NO. 10/611,360

Payment:

A check in the amount of \$_____ is enclosed.

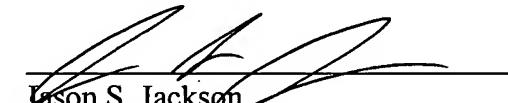
Payment by credit card in the amount of \$1,330.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.

In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

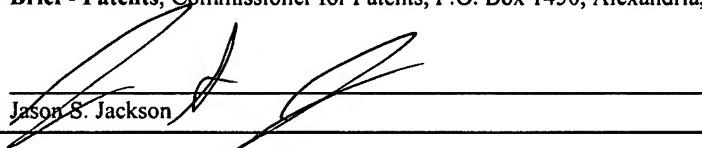


Jason S. Jackson
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as Express Mail Label No. EV 915329530 US in an envelope addressed to: Mail Stop Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.



Jason S. Jackson

4-12-2007
Date